

Application Data Sheet

Application Information

Application number::
Filing Date:: 07/23/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: HUMAN PROSTATE CELL LINES IN CANCER
TREATMENT
Attorney Docket Number:: 37945-0054
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets:: 17
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?::
Petition Type::
Licensed US Govt. Agency::
Contractor Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name:: Angus

Middle Name:: George

Family Name:: DALGLEISH

Name Suffix::

City of Residence:: London

State or Province of Residence::

Country of Residence:: UK

Street of mailing address:: Onyvax Ltd., St. Georges Hospital Med. School
Cranmer Terrace, P.O. Box 17717

City of mailing address:: London

State or Province of mailing address::

Country of mailing address:: UK

Postal or Zip Code of mailing address:: SW17 0WG

Correspondence Information

Correspondence Customer Number:: 26633

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

Representative Customer Number::		
----------------------------------	--	--

- OR -

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
			No
			No

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::